



motor insurance proposal form

Citadel Insurance p.l.c. is authorised to carry on general and long-term business of insurance under the Insurance Business Act, 1998 and to provide investment services under the Investment Services Act, 1994 and is regulated by the Malta Financial Services Authority.

You are to disclose all material facts. If you are in doubt about a particular fact you should disclose it. A material fact is any fact which is likely to influence the assessment and acceptance of your proposal.

THE PROPOSER

Name:		Client Account No.:	
Company Name:	Co Reg No:	VAT No:	
Address:			
Tel. No:	Mobile:	E-mail:	Fax:
Date of Birth:	Place of Birth:	I.D. No/Passport No:	
Occupation:			

THE VEHICLE

Registration number:	Make and model:	Year of manufacture:		
Engine number:	Type of body:	Number of passengers:	Miles/kilometres covered in one year:	
Chassis number:	Engine capacity:	Tonnage:	Colour:	Number of previous owners:
Brake horse power (bhp):	Turbo <input type="checkbox"/>	Petrol <input type="checkbox"/>	Diesel <input type="checkbox"/>	Date of Issue: / /
Date of first registration: / /	Price paid: Lm <input type="text"/> € <input type="text"/>	Proposer's estimate of present value including accessories: Lm <input type="text"/> € <input type="text"/>		

1. State address at which vehicle is usually kept

2. Is the vehicle usually kept overnight in a building ?

Yes No

3. (a) Has any alteration or addition (including accessories) been made to the manufacturer's standard design or specification or is such an alteration contemplated ?

Yes No

If yes, give details

(b) Has any spray or other material been applied to the body panels of the vehicle for promotional or other similar purposes?

Yes No

If so, give details:

4. Is the vehicle in a good state of repair:

Yes No

5. Is the vehicle:

(a) Registered in your name ? If not, give details

Yes No

(b) Owned solely by you ? If not, give details

Yes No

(c) The subject of a hire purchase agreement ? If so, give details:

Yes No

6. Do you have any other current motor policies with Citadel Insurance p.l.c ? If yes, please give us your policy number or vehicle registration number since this will entitle you to a discount: Yes No

7. If the vehicle has been acquired as second hand please state from whom it has been purchased: 8. Date of last vehicle roadworthiness test (VRT) / /

9. No entertainment cover will be in force unless the details requested in this section are provided:

(a) Please specify details of entertainment equipment fitted in the vehicle: Factory fitted Non-factory fitted None

(b) If entertainment equipment is not Factory Fitted, an additional charge will apply. Please provide the following details:

(i) Make & model: (ii) Date of purchase: / /

(iii) Serial number: (iv) Value (please note that cover will be limited to Lm150): Lm €

Please also provide a copy of the relative receipt:

THE USE

Private Car Commercial Vehicle Motor Cycle

1. If used for carriage of goods:

- (a) What is their general nature ?
- (b) Do you undertake carriage for other persons ? Yes No
- (c) Has the vehicle been altered or adapted to carry a load heavier than the manufacturer's standard design ? Yes No
- (d) Are you in possession of an operator's licence issued by the Malta Transport Authority in terms of the Motor Vehicles (Carriage of Goods by Road) Regulations, 2003, or do you intend to apply for such licence within the next twelve months ? Yes No

2. If used for carriage of persons:

- (a) Are the persons carried for hire or reward ? Yes No
- (b) What is the maximum number of passengers likely to be carried ?

3. Other uses. Please specify:

4. Do you now participate or do you intend to participate in racing, pace-making, hill-climbs, quarter mile racing, speed testing or other similar events ? Yes No

If yes, please give full details:

5. Gross, taxable weight of the vehicle (please refer to log book)

THE DRIVERS

Please specify Authorised Drivers:

1. Limited to yourself only ? (A discount will be allowed under private car/ commercial vehicle policies if you are aged 25 years or over) Yes No

2. Limited to yourself and one named driver (A discount will be allowed under private car policies both if you and the named driver are aged 25 years or over) Yes No

Please specify the authorised driver in the space provided:

3. Limited to anyone aged 25 years or over ? Yes No

4. Limited to any driver aged 21 years or over ? Yes No

5. To cover drivers with no age restriction: Yes No

If yes, please list ALL drivers under 25 years in the space provided:

6. Limited to any named drivers aged 25 years or over (A discount will apply under the commercial vehicle policies) Yes No

GIVE THE FOLLOWING INFORMATION ABOUT ANY PERSON INCLUDING YOURSELF WHO MAY DRIVE

Name (Proposer)	Occupation	Age	Type of Licence	Period Held
1.				
2.				
3.				
4.				

7. State name of person who will be the main user of the vehicle: _____ I.D. card number: _____

8. Has any person mentioned above had any accident/loss in connection with any motor vehicle in the last five years ? Yes No
If yes, give details

Date of Loss	Amount/Estimate of damages incurred	Description of accident/loss
	Lm <input type="text"/> € <input type="text"/>	
	Lm <input type="text"/> € <input type="text"/>	

9. Have you and all additional drivers been prosecuted or convicted of any offence or is any such prosecution pending ? Yes No
If yes give details

10. Have you or any additional drivers been driving during the past 12 months ? Yes No

11. In respect of yourself and all additional drivers, give details of any physical infirmity, defective vision or hearing, or any other medical condition which may impair the ability to drive:

12. Have you or any additional drivers:

(a) Had an insurance proposal declined ? Yes No

(b) Been required to carry an additional excess ? Yes No

(c) Been required to pay an increased premium or had any special conditions imposed ? Yes No

(d) Been refused renewal of an insurance policy ? Yes No

(e) Had an insurance policy cancelled ? Yes No

13. Are you now or have you been insured in respect of any vehicle ? Yes No
If so, state name of company and policy number:

14. Are you entitled to a "no claim discount" from your previous insurers in respect of the vehicle in this proposal ? Yes No

State "no claim discount" currently earned: %

If you are entitled to a No Claim Discount it is important to attach the renewal notice from your previous Insurers.

COVER AND PREMIUM OPTIONS

1. Period of insurance from / / to / /

2. Type of insurance required: Comprehensive Third party fire and theft Third party only

3. If a private vehicle comprehensive insurance policy has been selected do you wish to bear the first amount of each claim for loss or damage to your car ? Yes No

If so, indicate amount of excess required: (a) Lm50.00 Excess - 10% rebate (b) Lm100.00 Excess - 20% rebate

OPTIONAL EXTENSIONS

1. Do you wish to increase the limit for third party loss of use claims from Lm250.00 to Lm500.00 at an extra charge ? Yes No

2. If you are 25 years or over and have chosen a private vehicle comprehensive insurance policy do you wish to extend cover to include an alternative vehicle following loss or damage to your car ? If so, we will contribute a daily amount of Lm5.00 subject to a maximum of 20 days. (An additional charge will apply) Yes No

3. If you are 25 years or over and you are entitled to 60% no claims discount (5 years free of claims), and have chosen a private car policy, do you wish to protect your no claims discount ? Should you register one claim in a year period of insurance your no claims discount will remain at 60%. (An additional charge will apply) Yes No

4. If your car is a commercial vehicle the standard policy excludes cover whilst the vehicle is being used as a tool of trade. Cover can be purchased under a separate motor tool of trade liability policy. Do you require this cover ? Yes No

5. Do you require your private or commercial comprehensive policy to include cover for earthquake ? (An additional charge will apply) Yes No

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/or sensitive data supplied on/in this application/proposal form or subsequently supplied by yourself, whether orally or in writing, for all or any of the following purposes:

1. underwriting and issuing contracts of insurance, collecting premiums and submitting other bills, settling claims or paying other benefits, reinsurance, co-insurance and actuarial activities;
2. the proper performance of your contract of insurance;
3. underwriting of subsequent insurance applications/proposal forms which you may lodge with the Company;
4. preventing, detecting and/or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations;
5. establishing, exercising or defending any legal action;
6. internal management, research and statistics, systems administration and the development and improvement of our products and services;
7. the protection and promotion of our legitimate interests and the proper conduct of our business;
8. informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and sub-agents or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and sub-agents, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in paragraph 8.

Should you have availed yourself of the services of one of our agents or sub-agents you confirm that you are aware that such agents and sub-agents will process your personal data pursuant to their legal obligations.

Kindly inform us by ticking the box on the last page should you not want to receive any direct marketing in terms of paragraph 8.

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data, which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form, for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection Notice to the attention of these other persons and obtained their respective consent. We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

DECLARATION

I/We declare that the information given in this Proposal Form is to the best of my/our knowledge true, accurate and complete. Further, I/We agree that if my/our answers are not in my/our handwriting and/or have been written by any other person on my/our behalf, then such person shall for that purpose be regarded as my/our agent. I/We further declare that no material fact has been withheld and I/We understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the policy may not be paid. **A material fact is one which is likely to influence Citadel Insurance p.l.c. in the best assessment and acceptance of this proposal.** The Proposal Form and Declaration will be considered the basis of the contract and will form part of the Policy. I/We understand that the cover under the Policy will not be operative until this Proposal Form has been accepted by Citadel Insurance p.l.c., the relative premium has been paid and received by Citadel Insurance p.l.c.

IMPORTANT NOTES

1. You are advised to keep a copy of this Proposal Form for your records.
2. Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.
3. We will provide you with a copy of the completed Proposal Form when ever you require. Furthermore, we will undertake not to raise an issue under your Proposal Form unless we first provide you with a copy of the Proposal Form which you had submitted to us.
4. The Company is bound by the Professional Secrecy Act, 1994 with respect to information furnished by you to Citadel Insurance p.l.c. in connection with this insurance proposal. However, the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

I/We have read and agreed to the Data Protection Notice, the Declaration, the Important Notes and any other information relating to my/our rights. If there is more than one proposer, then all persons must sign.

I do not consent to direct marketing

NAME AND SURNAME OF PROPOSER(S) (BLOCK LETTERS):

SIGNATURE OF PROPOSER(S):

DATE: DD / MM / YYYY

NAME AND SURNAME OF INTERMEDIARY:

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www.citadeldirect.com

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